

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 807396 RECEIPT DATE: 04 / 12 / 01
IA NUMBER: PCT/ GB99 / 03417 IA FILING DATE: 10 / 05 / 99
FAMILY NAME: CHUI DELAY WAIVED (Y/N): Y
GIVEN NAME: KUI MING DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 10 / 15 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: COLGRA P26AU COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX
NAME: MICHAEL J BUJOLD
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STATE/COUNTRY: NH ZIP: 031011151
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APPLICATION TITLES:
IMAGING

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 9212

SERIAL NUMBER 09/807,396	FILING DATE 04/12/2001 RULE	CLASS 324	GROUP ART UNIT 2862	ATTORNEY DOCKET NO. COLGRAP26AUS
APPLICANTS Kui Ming Chui, Middlesex, GBN				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/GB99/03417 10/05/1999 <i>Yes.</i>				
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9822397.7 10/15/1998 UNITED KINGDOM 9825165.5 11/18/1998 UNITED KINGDOM 9902332.7 02/02/1999				
** SMALL ENTITY **				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY GBN	SHEETS DRAWING 6	TOTAL CLAIMS 17
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 172		
ADDRESS Davis & Bujold Fourth Floor 500 North Commercial Street Manchester, NH 03101-1151				
TITLE Imaging				
FILING FEE RECEIVED 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	